

**Juvenile Justice
Youth Development Centers
Study**

**Mental Health Diagnosis
(MHDx)
and
Substance Abuse (SA)**



2005 CPORT Results

CPORT reviews focused on a target population of children residing in state youth development facilities housing children adjudicated delinquent who meet the criteria established by the Department of Children's Services for placement at the facilities.

CPORT conducted independent studies of the DCS youth development facilities: Wilder, Taft, Mountain View and Woodland Hills.

Face to face interviews (except when circumstances prevented) were conducted with the following: child, parents, DCS family service workers and facility case managers, caregivers/direct care staff in the YDC, YDC teachers and other relevant service providers, primarily contract therapists.

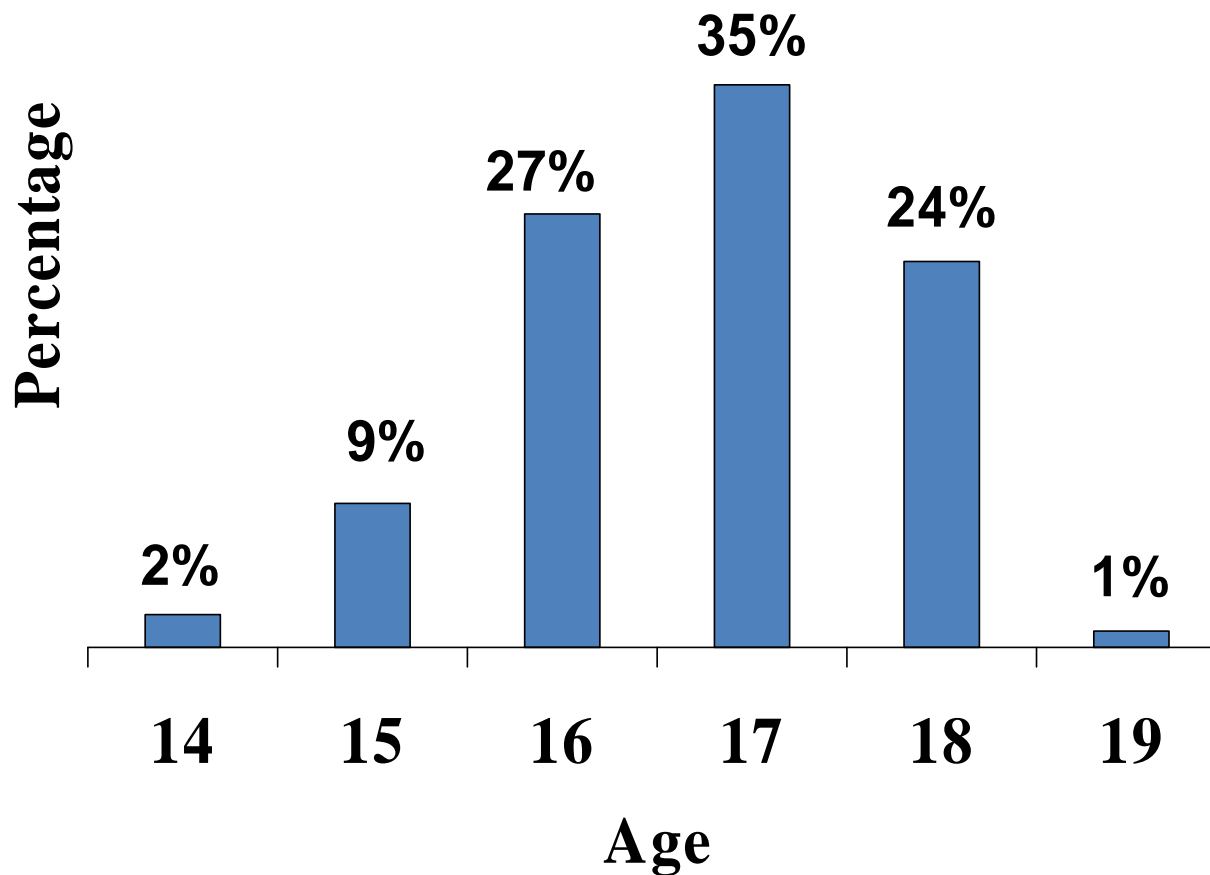
The case records were reviewed, and Permanency Plans, Individual Program Plans (IPPs), social histories, psychological evaluations, court orders and other pertinent reports were copied and reviewed. The majority of information was collected through the interview process.

161 cases were randomly selected for review in an effort to reflect/represent the population of children at Mountain View, Taft, Wilder and Woodland Hills at the 90% confidence level with 10% margin of error.

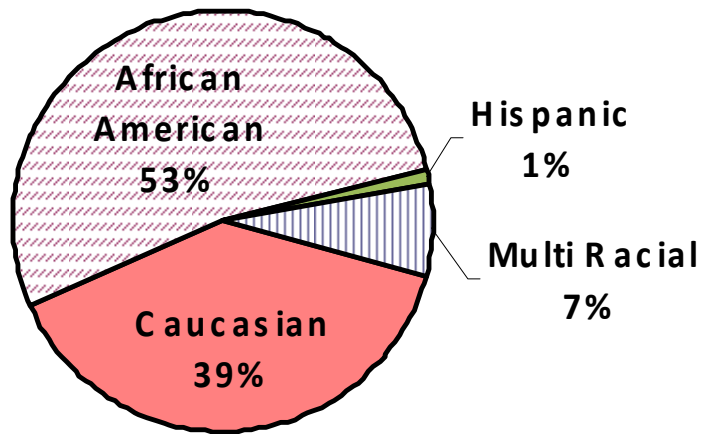
Purpose of the review: Gather qualitative and quantitative information about the status of child/family and service system functioning to promote positive change.

Demographics:

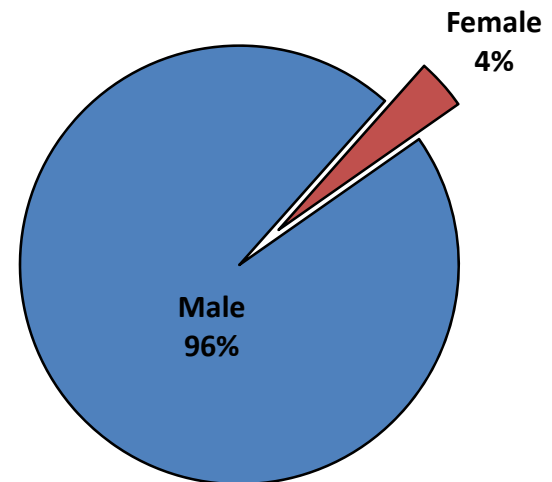
Age of the Child



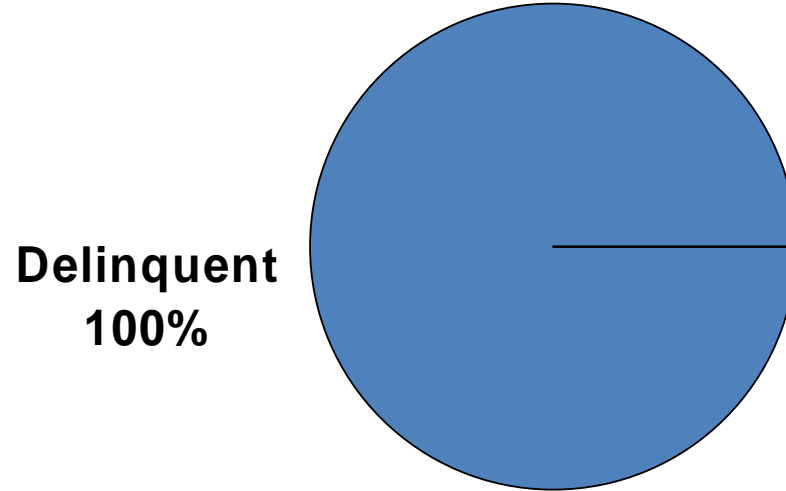
Race of the Child



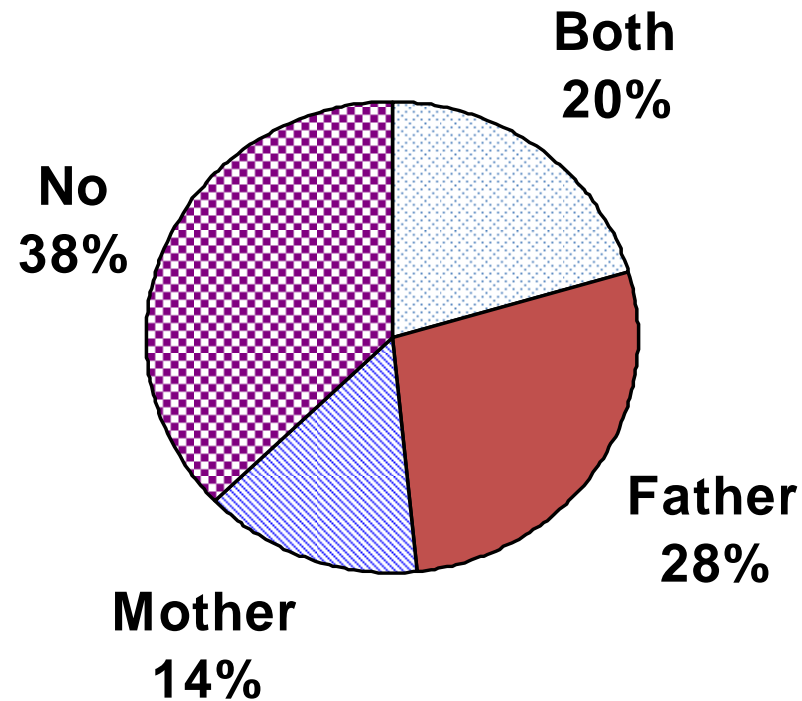
Gender of the Child



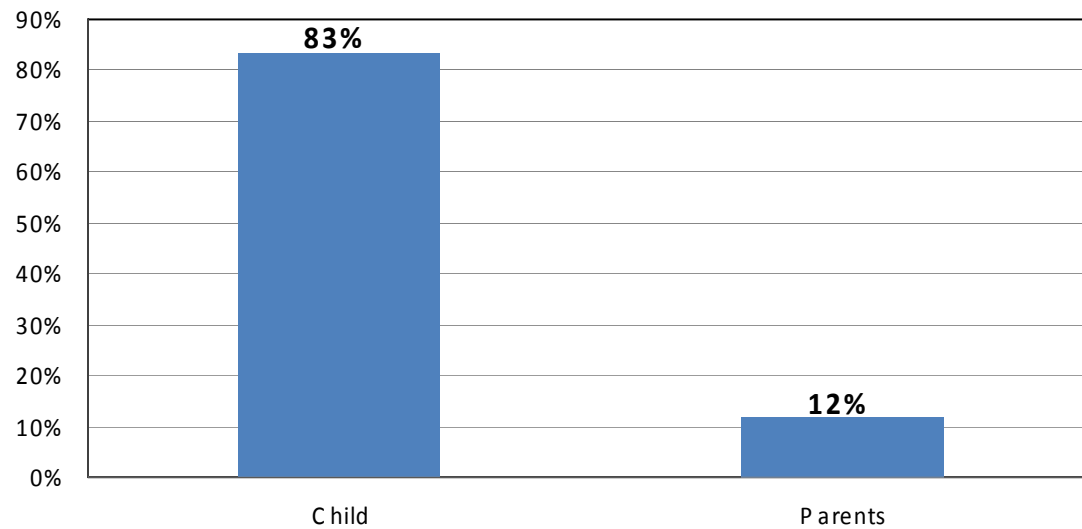
Adjudications



Has the Parent Been Incarcerated?



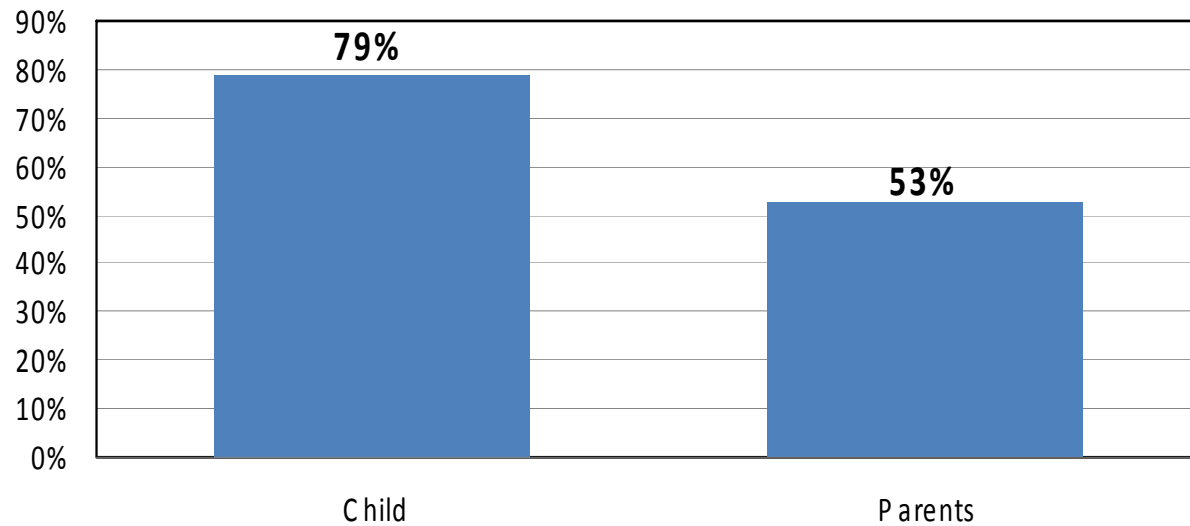
Mental Health Diagnosis



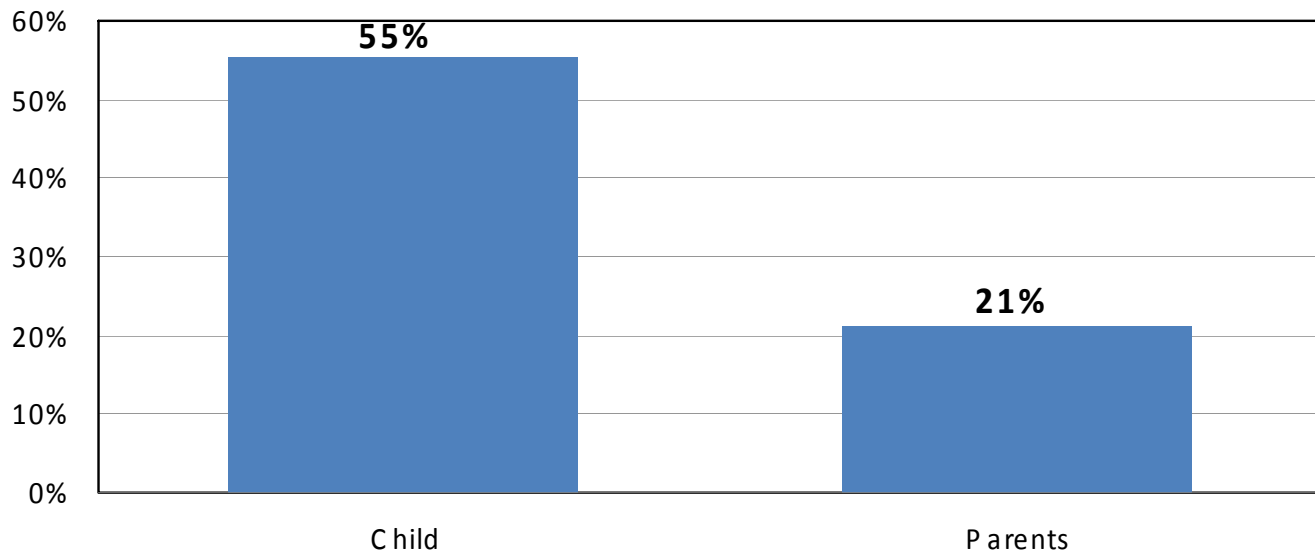
Reported Mental Health Issues (No Diagnosis)

- 3% of the children were reported to have Mental Health issues but had no diagnosis.
- In addition to the 12% of parents with a Mental Health diagnosis, an additional 11% of the children had a parent(s) reported to have Mental Health issues but no diagnosis.

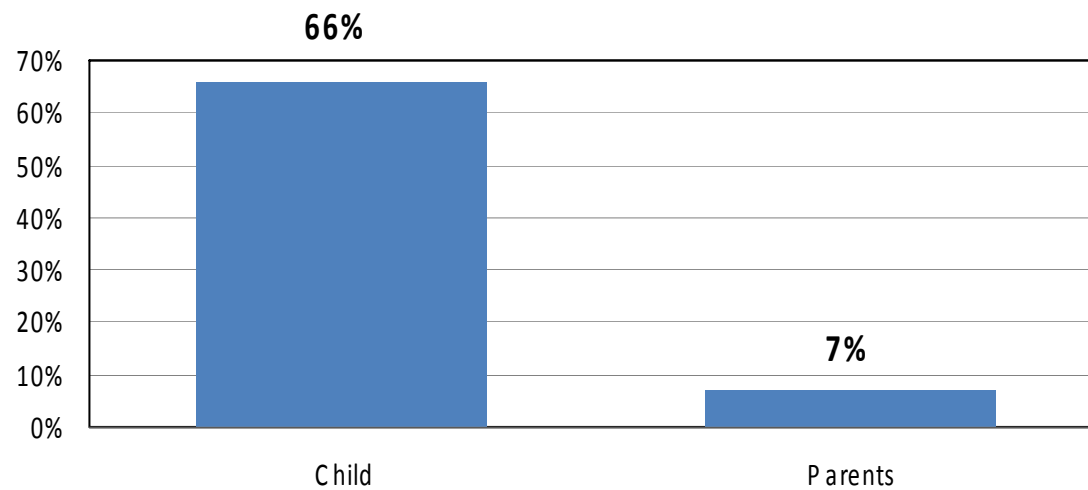
Substance Abuse



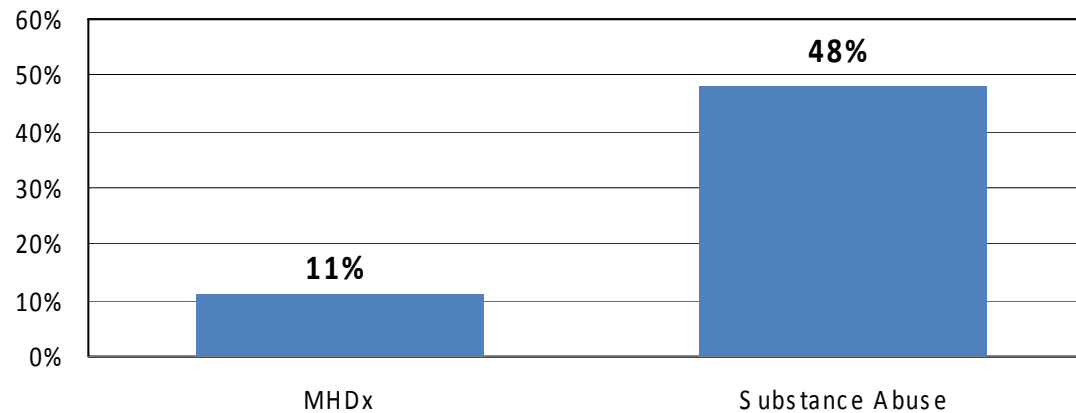
Poly Substance Abuse



Co-occurrence of MHDx and SA Issues

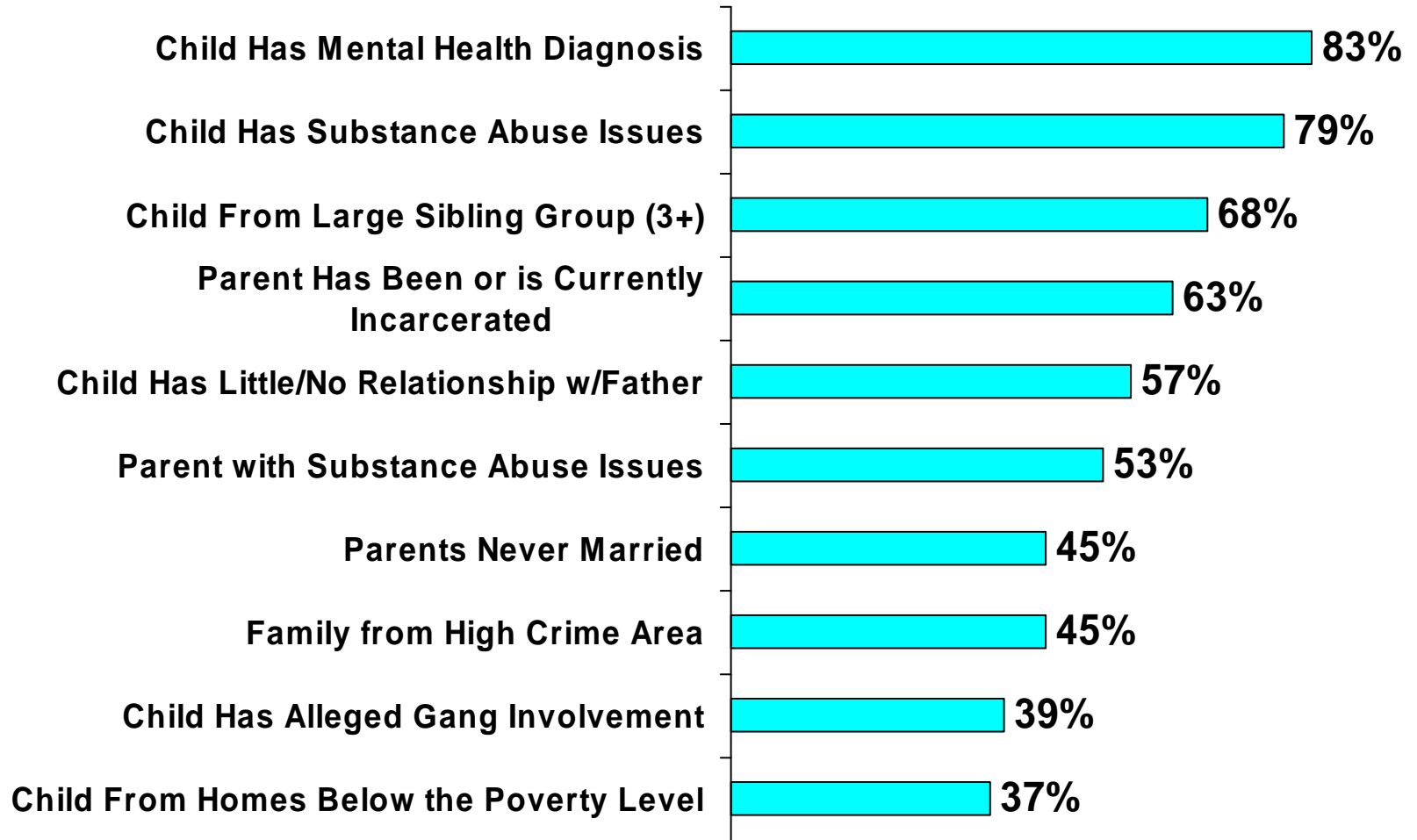


Mental Health and Substance Abuse Both Child and Parent(s) (Intergenerational)

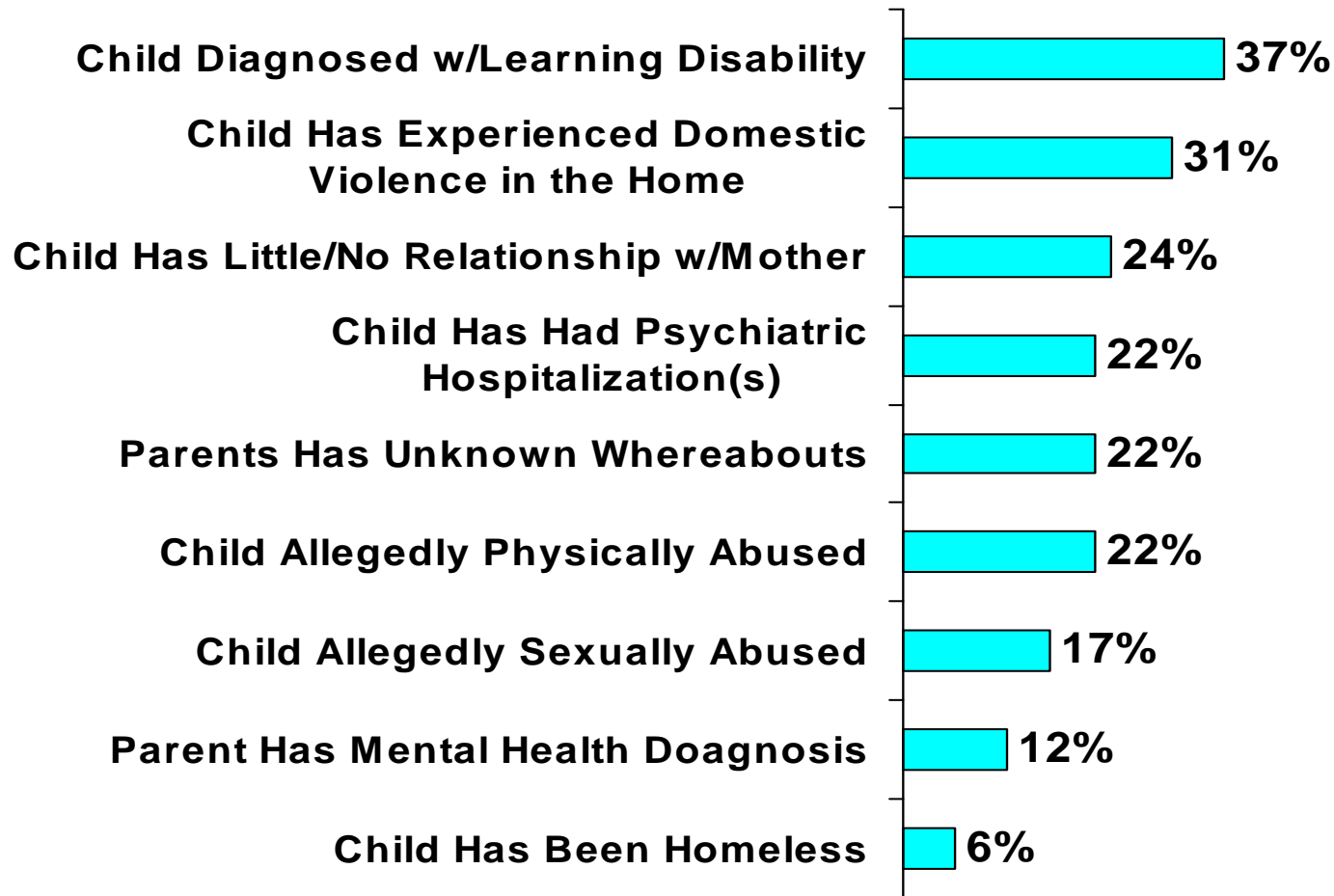


Note: 98% of children have either MHDx/issues or SA issues and/or parent(s) with MHDx/Issues or SA issues.

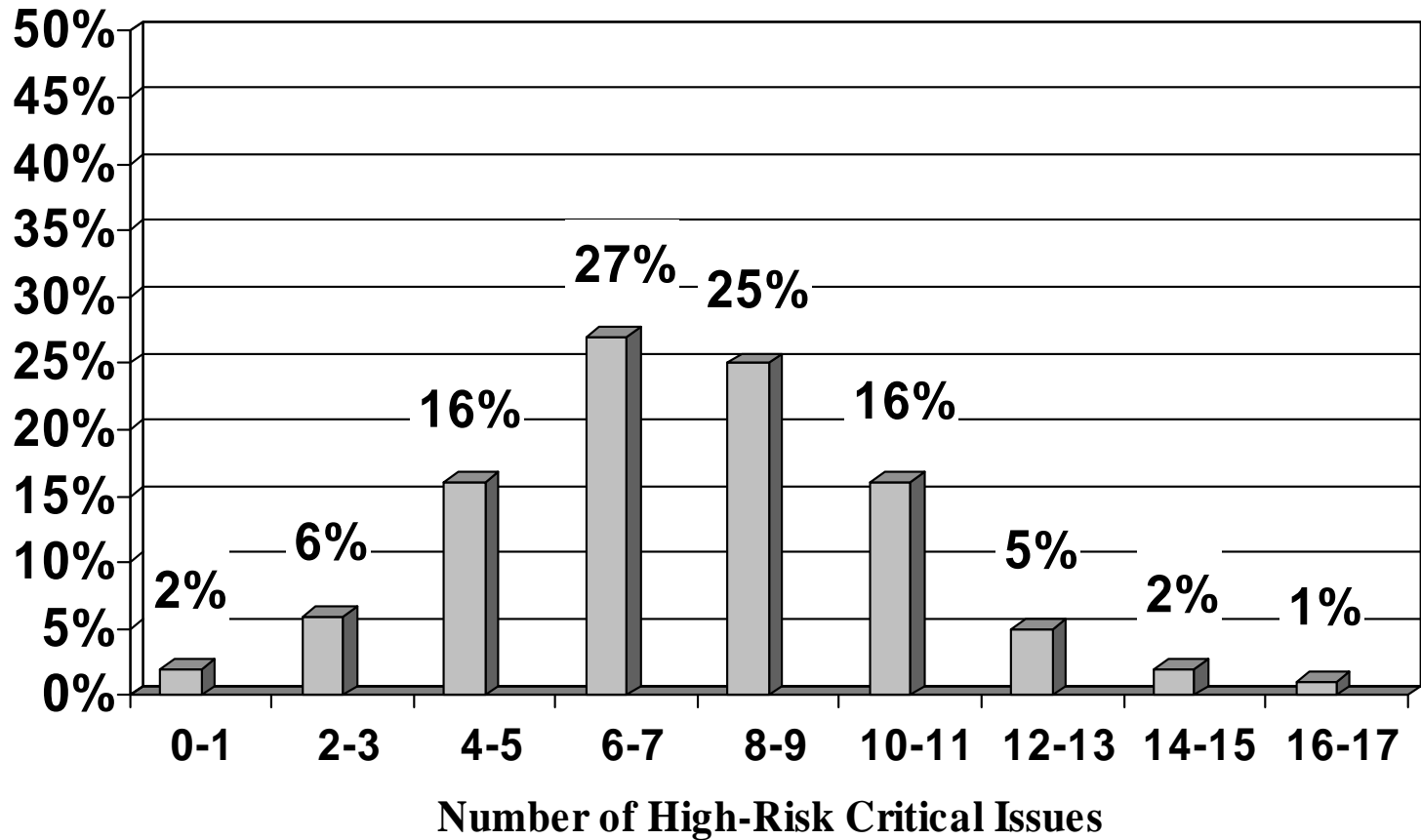
High-Risk Critical Issues



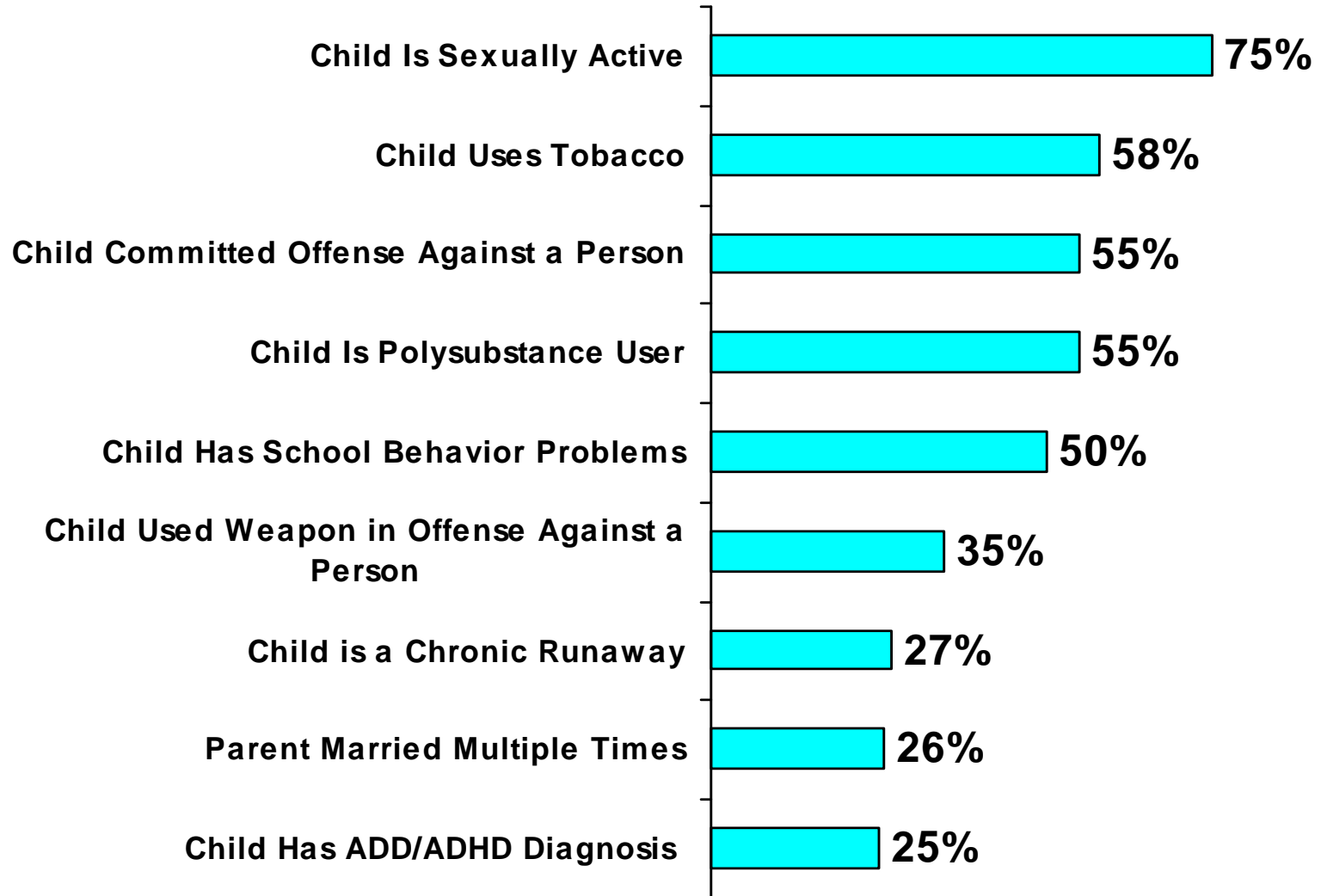
High-Risk Critical Issues



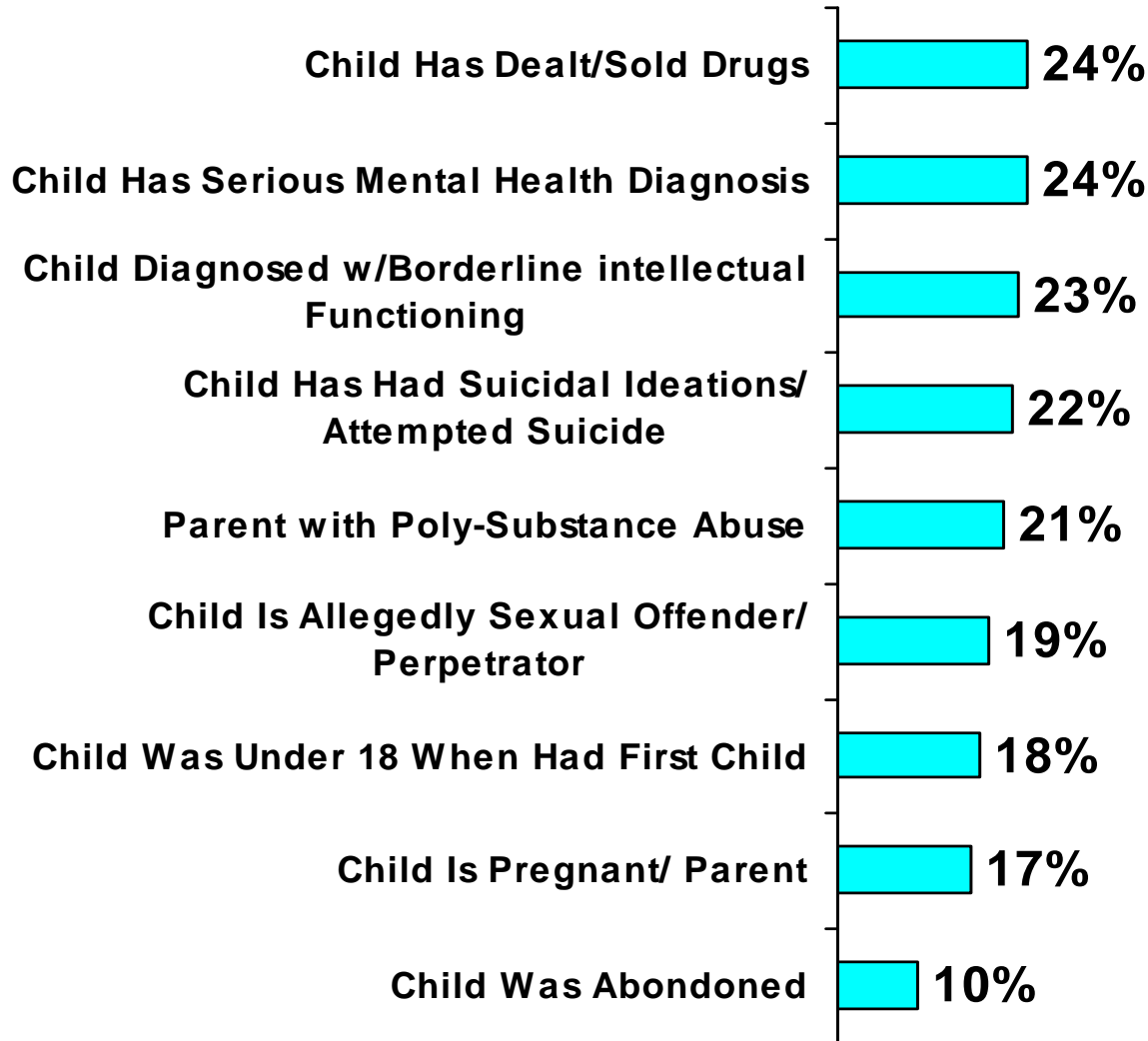
Frequency of 19 High-Risk Critical Issues



Other Critical Issues



Other Critical Issues

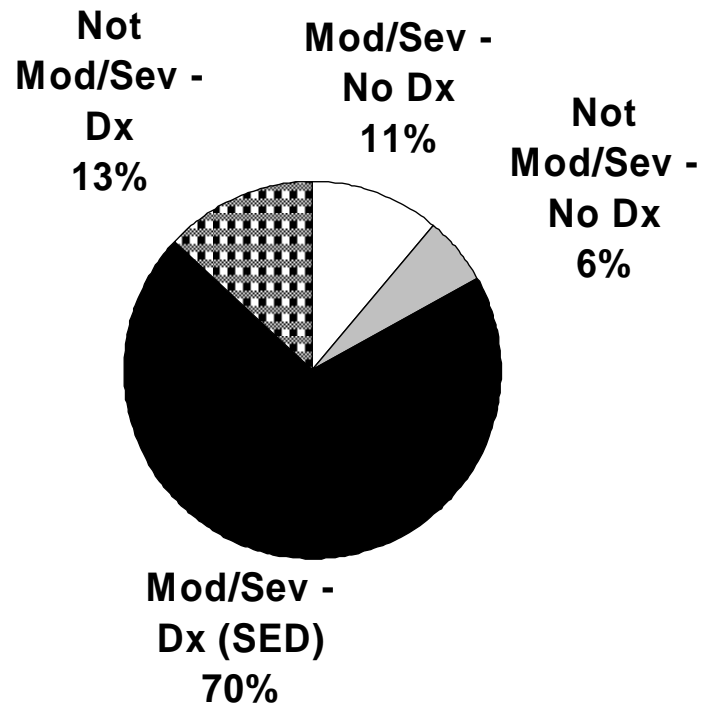


CAFAS

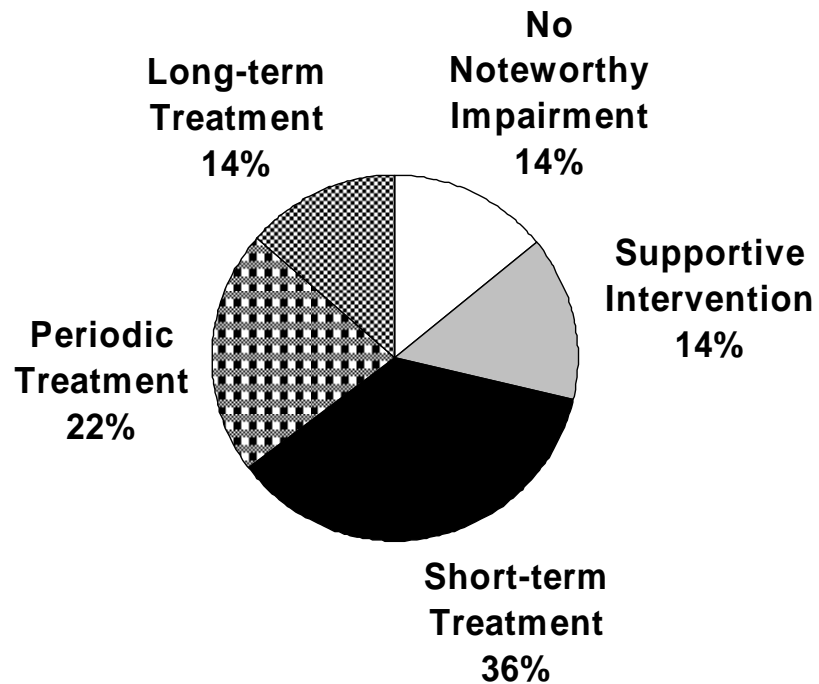
The Child and Adolescent Functional Assessment Scale (CAFAS) is a tool used to measure or assess the child's psychosocial functioning. Eight subscales are rated: role performance: school, home and community; thinking; substance use; moods: self-harm, emotions; and behavior towards others. The ratings range from minimal to no, mild, moderate, or severe impairments.

Moderate to Severe Impairment in Role Performance Compared with Diagnosis

2005 CAFAS (n=161)



Overall Level of Service Needed 2005 CAFAS (n=161)

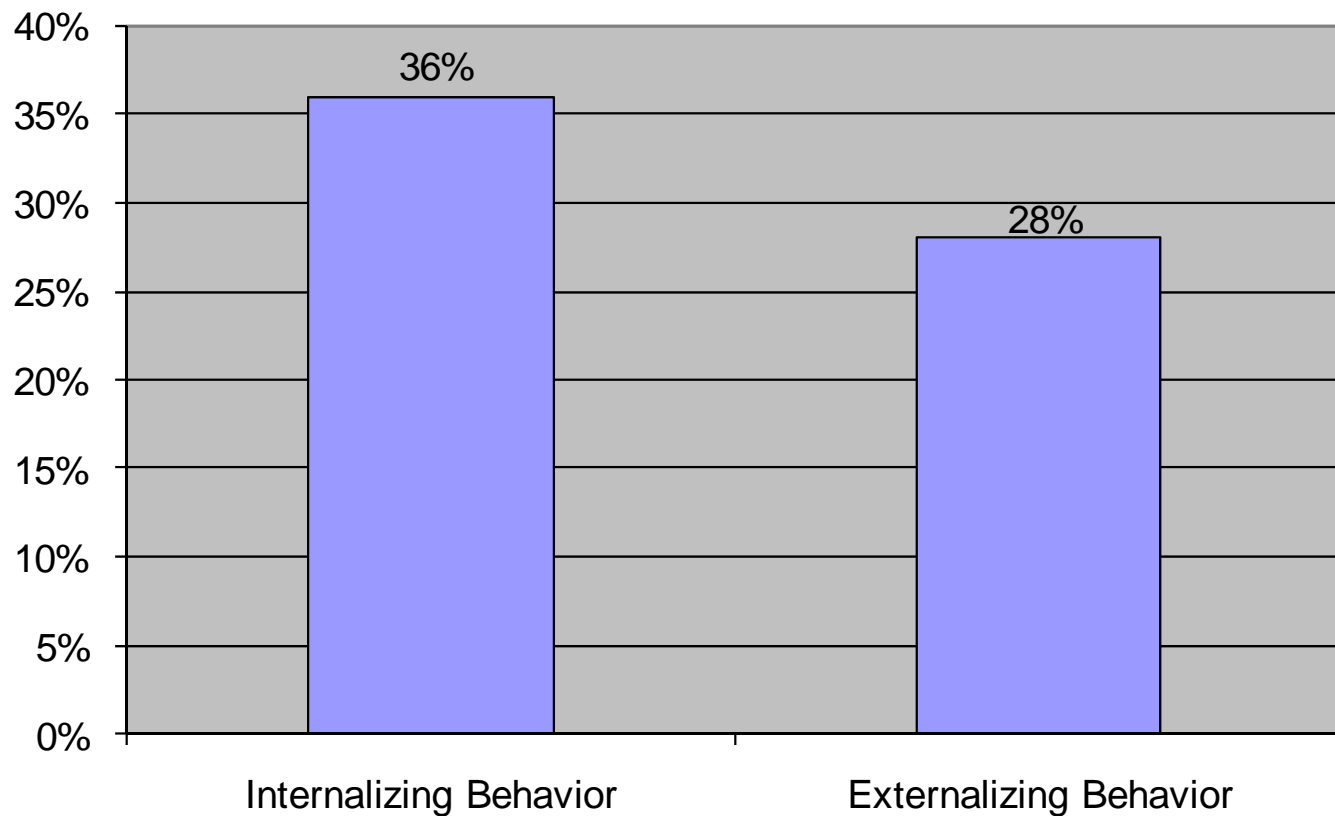


Percent of Sample	CAFAS Category	Description
14%	No Noteworthy Impairment	Minimal or no impairment in the youth's functioning as a result of behavioral, emotional, psychological, or psychiatric difficulties or disorders. May need basic support services for child and/or family for prevention and maintenance, provided the current risk factors
14%	Supportive Intervention	Can likely be treated on an outpatient basis, provided that risk behaviors are not present
36%	Short-term treatment (up to 6 months)	May need additional services beyond outpatient care
22%	Periodic treatment (over a 6 to 24 month period)	Needs care that is more intensive than outpatient and/or that includes multiple sources of supportive care
14%	Long-term treatment (1 to 5 years)	Needs intensive treatment, the form of that would be shaped by the presence of risk factors and the resources available within the family and the community

Summary of 2005 CBCL Information

The Child Behavior Checklist (CBCL) is an assessment tool designed to record, in a standardized format, children's competencies and problems, as reported by their parents, caregivers and teachers. Depending of the child's placement, facility staff (most knowledgeable caregiver), parent or guardian completed the CBCL. Secondary teachers completed the Teacher Report Form (TRF) and the children completed the Youth Self-Report (YSR). The CBCL is also designed to identify syndromes of problems that tend to occur together either as internalizing (withdrawn, somatic complaints, anxious/depressed) or externalizing (aggression and delinquent behavior) behaviors. Social, thought, attention, and "other" problems contribute to total problems along with the internalizing and externalizing profiles.

Summary of 2005 CBCL Behavioral Categories Borderline to Clinical



Summary of 2005 CBCL Information

CBCL	Borderline	Percent Borderline	Clinical	Percent Clinical
Withdrawn	10	7.30%	7	5.11%
Somatic	6	4.38%	3	2.19%
Anxious/Depressed	7	5.11%	4	2.92%
Social	10	7.30%	4	2.92%
Thought	18	13.14%	11	8.03%
Attention	6	4.38%	8	5.84%
Delinquent	25	18.25%	6	4.38%
Aggressive	12	8.76%	8	5.84%
Sex Problems	8	5.84%	4	2.92%
Internal	20	14.60%	29	21.17%
External	12	8.76%	27	19.71%

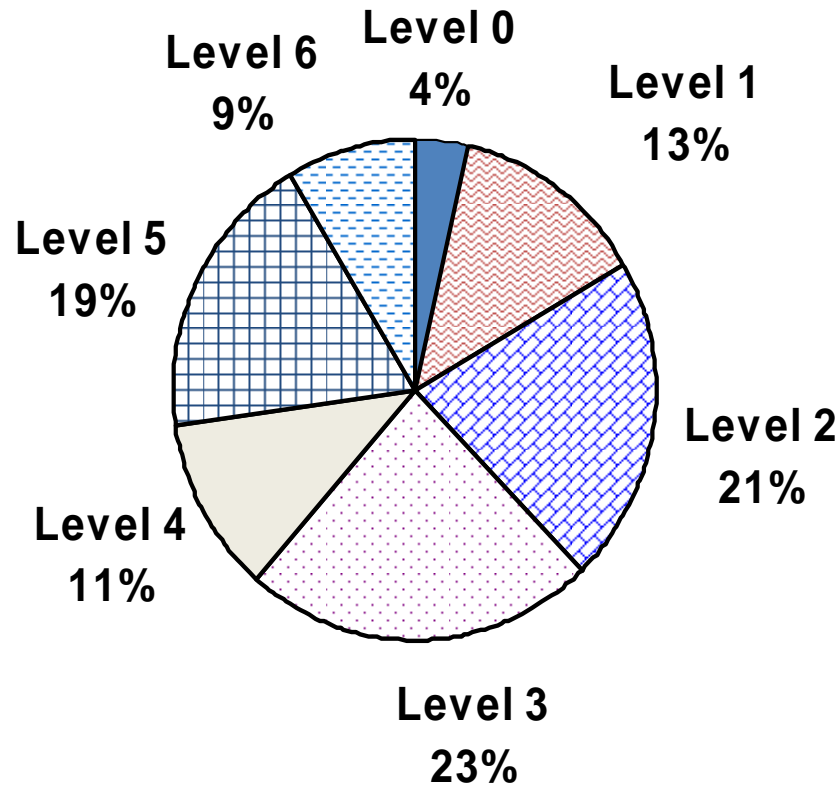
Summary of 2005 YSR Information

YSR	Borderline	Percent Borderline	Clinical	Percent Clinical
Withdrawn	11	7.75%	5	3.52%
Somatic	5	3.52%	3	2.11%
Anxious/Depressed	7	4.93%	7	4.93%
Social	5	3.52%	4	2.82%
Thought	4	2.82%	3	2.11%
Attention	11	7.75%	8	5.63%
Delinquent	26	18.31%	10	7.04%
Aggressive	6	4.23%	6	4.23%
Self Destruction	4	2.82%	5	3.65%
Internal	9	6.34%	19	13.38%
External	19	13.38%	20	14.08%
Total	13	9.15%	16	11.27%

Summary of 2005 TRF Information

TRF	Borderline	Percent Borderline	Clinical	Percent Clinical
Withdrawn	4	3.31%	6	4.96%
Somatic	5	4.13%	3	2.48%
Anxious/Depressed	6	4.96%	5	4.13%
Social	7	5.79%	3	2.48%
Thought	8	6.61%	5	4.13%
Attention	4	3.31%	2	1.65%
Delinquent	11	9.09%	3	2.48%
Aggressive	9	7.44%	10	8.26%
Internal	9	7.44%	17	14.05%
External	26	21.49%	29	23.97%
Total	16	13.22%	23	19.01%

Child and Adolescent Service Intensity Instrument (CASII) Level of Care Recommendation



CASII Level of Care Recommendation

CASII Level of Care	Description
Level 0	Basic services of prevention and health maintenance
Level 1	Recovery maintenance and health management
Level 2	Traditional outpatient services and limited use of community-based services
Level 3	Intensive outpatient services including case management and informal community supports
Level 4	Intensive integrated services without 24-hour psychiatric monitoring
Level 5	Non-secure, 24-hour services with psychiatric monitoring but may be provided in foster care or in family homes with a complex array of services in place and a high level of care coordination
Level 6	Secure, 24-hour services with psychiatric management